## MANCHESTER FIRE DEPARTMENT – COMMUNICATIONS DIVISION 2033 SO WILLOW STREET – MANCHESTER NH 03103-3316 603-669-2256 X 3302 – FAX 603-622-2222

APPLICATION TO BE LISTED FOR: (	) CITYWIDE	( ) P	ROPERTY	
CITYWIDE (PLEASE PRINT)				
COMPANY NAME:	POSITION:			
COMPANY ADDRESS:				
Street	City		State	Zip
COMPANY PHONE #				
AGENT NAME: (print)				
HOME ADDRESS:				
HOME ADDRESS: Street	City		State	Zip
AGENT HOME PHONE # (REQUIRED)	CELL PHONE #			
PROPERTY AGENT ONLY (PLEASE PRINT) LIST ALL BOXES TO BE SHORT ARMED BY YOU LOCATIONS IF NECESSARY	U – USE REVERSE	SIDE FOR A		
IDENTIFY TYPE OF LOCK USED ON YOUR BOX(S)	Barrel	Flat	Both	
NAME OF PROPERTY:		BOX #		
PROPERTY ADDRESS:				
OWNERS NAME:	TEL:			
OWNERS ADDRESS:Street				
Street	City		State	Zip
Any individual employed in the business of installation or CITYWIDE Master Fire Alarm Box Listed Agent in the owner and has a working knowledge of the operation of Alarm Box Listed Agent in the City of Manchester, NH. A successfully complete a training class conducted by the M and verified each applicant will be scheduled for a training of A listing shall remain in effect until the individual no	City of Manchester, of the Fire Alarm Systall applicants will be an anchester Fire Depart class.	NH. Any indivisitem may be list required to compresent. After the quirements for a	idual designated ed as PROPER lete any application has a listing OR h	d by a propert TY Master Fir tion, attend an s been reviewe has violated th
requirements of the Manchester Fire Department for Masternotifying the Communications Division of changes in employees	er Fire Alarm Box Li	sted Agents. Li		
I have received a copy of the rules and agree to Regulations will result in loss of Listed Agent Statu		ND that any	violations of	the Rules &
SIGNATURE	DATE:			
(MFD USE ONLY) ID # KEY	#( ) 1	BRASS ( )	STREET (	( ) ВОТН
BOX #'S ASSIGNED				
TRAINING DATE:	APPROVED BY:			